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Bib Data Sheet

CONFIRMATION NO. 3117

SERIAL NUMBER 10/647,556	FILING DATE 08/25/2003 RULE	CLASS 427	GROUP ART UNIT 1762	ATTORNEY DOCKET NO. P03212
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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
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TITLE
 Plasma treatment of contact lens and IOL

FILING FEE RECEIVED 1456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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